

# How does Live Claims Feed work?

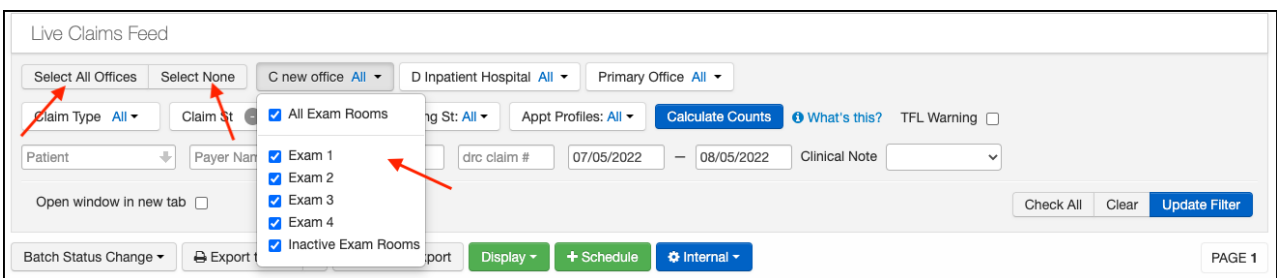
09/16/2024 8:56 am EDT

The **Live Claims Feed** allows you to see and filter your claims in multiple ways to make them easier to work. Let's look at each filter and the function it allows:

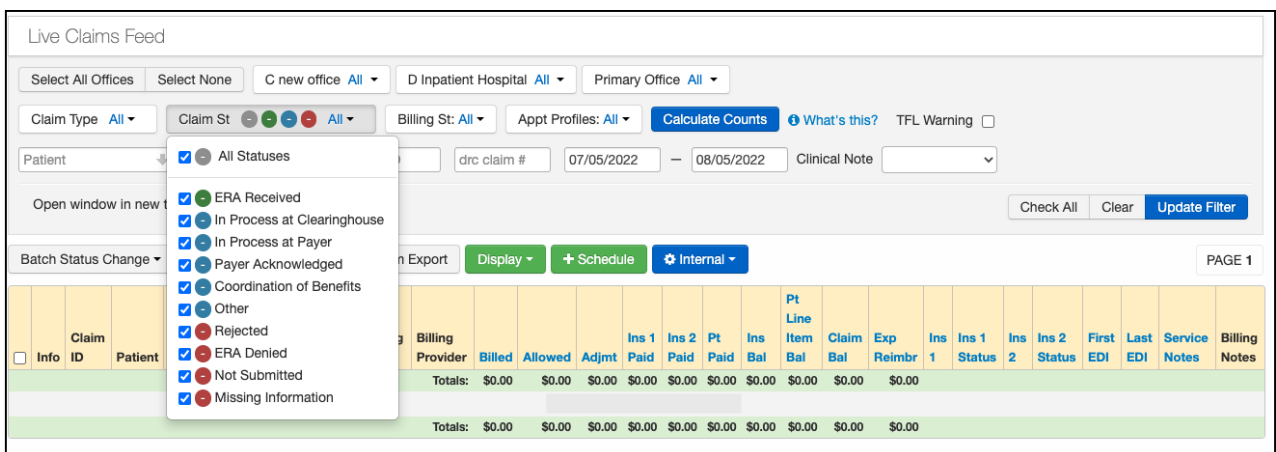
1. Hover over the **Billing** tab and select **Live Claims Feed**:

2. **Office filter:**

As the default, all of your offices will be selected when you sign into the Live Claims Feed. You can change this to view only a specific office (or offices) by first clicking on "Select None" on the top left. This will undo the default setting. You can then use the drop-down next to each office you would like to view and select **All Exam Rooms** or specific ones within each office and click on the blue **Update Filter**:



3. **Claim Status filter:** Filter the claims by selecting the status (or statuses) that you would like to view > Click on **Update Filter**. All will be selected as a default, but you can update it by clicking on just the status/statuses you want to view.



4. **Billing Status filter:** Filter the claims by selecting a specific status or all the statuses > click on **Update Filter:**

The screenshot shows the 'Live Claims Feed' interface. At the top, there are filters for 'Select All Offices', 'Select None', 'C new office All', 'D Inpatient Hospital All', and 'Primary Office All'. Below these are 'Claim Type All', 'Claim St All', 'Billing St: All', and 'Appt Profiles: All'. A 'Calculate Counts' button and a 'TFL Warning' checkbox are also visible. A dropdown menu for 'Billing St: All' is open, showing a list of status options with checkboxes: 'All Statuses', 'Paid In Full', 'Settled', 'Balance Due', 'Internal Review', 'Scrubbing Error', 'Other', 'Coding Clarification', 'Ready to Bill', 'Ready to Code', 'Enrollment Pending', 'Faxed/Mailed Appeal', 'Payer Contact', and 'Patient Contact'. The main table below has columns for 'Info', 'Claim ID', 'Patient', 'Date of Service', 'Office', 'Provider', 'Supervising Provider', 'Billing Provider', 'Billing', and 'Billed'. A 'Check All' button and an 'Update Filter' button are at the bottom right.

5. **Appointment Profiles filter:** Pull up the claims by selecting a specific profile or all the profiles > click on **Update Filter.**

The screenshot shows the 'Live Claims Feed' interface. At the top, there are filters for 'Select All Offices', 'Select None', 'C new office All', 'D Inpatient Hospital All', and 'Primary Office All'. Below these are 'Claim Type All', 'Claim St All', 'Billing St: All', and 'Appt Profiles: All'. A 'Calculate Counts' button and a 'TFL Warning' checkbox are also visible. A dropdown menu for 'Appt Profiles: All' is open, showing a list of appointment profile options with checkboxes: 'All Profiles', 'No Profile or Archived', 'Back Pain', 'New Patient Visit', 'New Patient Visit', 'New Patient Visit', 'New Patient Visit', 'New Patient Visit', 'Followup Visit', 'Followup Visit', 'Followup Visit', 'Followup Visit', 'Foot Pain', 'New Patient', 'Existing Patient', 'Resch Appt', 'Walk-in', and 'Wait List'. The main table below has columns for 'Info', 'Claim ID', 'Patient', 'Date of Service', 'Office', 'Provider', 'Supervising Provider', 'Billing Provider', 'Billing', and 'Billed'. A 'Check All' button and an 'Update Filter' button are at the bottom right.

6. **TFL Warning check box:** Once you update the timely filing period for insurance under the Billing > Insurance Setup screen, you can pull up those insurance claims by placing a checkmark on this box. This will help you identify claims that may be close to their timely filing limit so they can be worked on/submitted.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | 07/05/2022 - 08/05/2022 | Clinical Note

Open window in new tab  Check All Clear Update Filter

**7. Patient search:** Pull up the claims for a specific patient by entering the patient's name or chart id in the search field and selecting from the drop-down:

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

| Payer Name | Payer ID | drc claim # | 07/05/2022 - 08/05/2022 | Clinical Note

Open window in new tab  Check All Clear Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule | Internal

PAGE 1

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1 Status	Ins 2 Status	First EDI	Last EDI	Service Notes	Billing Notes			
Totals:								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00								
Totals:								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							

**8. Payer Name and Payer ID search:** Pull up the claims for a specific payer by either entering the payer name in the Payer name field or entering the payer ID in the Payer ID field > click on Update Filter.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient |  |  | drc claim # | 07/05/2022 - 08/05/2022 | Clinical Note

Open window in new tab  Check All Clear Update Filter

**9. DrC claim #:** This 15-digit number is system-generated, and will print in box 26 on the HCFA-1500 form or in box 3B on the UB04 institutional form. The number is also usually found on ERAs or EOBs as the patient claim/account number.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

**10. Date range search:** Pull up the claims by entering the desired date range (day/month/year). Our system will show the claims for the last 30 days by default.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From - To | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

**11. Clinical note filter:** Filter the claims by Locked and Not Locked notes > Update Filter.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From - To | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

*(Note: A red arrow points to the Clinical Note dropdown menu, which is open to show 'Locked' and 'Not Locked' options.)*

**12. Open Window in a new tab:** Check off this box to open the window of appointment and patient in a new tab.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From - To | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

**13. Batch Status Change:** It allows you to change the billing status for your claims in bulk. You can either filter the claims by a patient or specific insurance or date range and check off the box on the left-hand side beside the claim ID to select the claims. Once done, select the billing status from the drop-down of what status you would like to

move the claims to. The system will give you a pop-up and ask you to confirm the move. You will need to type **CONFIRM** in all caps for the system to move the claims.

The screenshot shows the 'Live Claims Feed' interface. At the top, there are filter buttons for 'Select All Offices', 'Select None', 'C new office All', 'D Inpatient Hospital All', and 'Primary Office All'. Below these are dropdowns for 'Claim Type All', 'Claim St All', 'Billing St: All', and 'Appt Profiles: All'. There are also buttons for 'Calculate Counts', 'What's this?', and 'TFL Warning'. Search fields for 'Patient', 'Payer Name', 'Payer ID', 'drc claim #', and 'Clinical Note' are present. A 'Batch Status Change' button is highlighted with a red box. Below the filters is a table with columns: Info, Claim ID, Patient, Date of Service, Office, Provider, Supervising Provider, Billing Provider, Billed, Allowed, Adjmt, Ins 1 Paid, Ins 2 Paid, Pt Paid, Ins Bal, Pt Line Item Bal, Claim Bal, Exp Reimbr, Ins 1, Ins 1 Status, Ins 2, and Ins 2 Status. A red arrow points to the 'Info' column. The table contains two rows of claim data and a 'Totals' row.

**14. Export to file:** Export a pre-populated field report from the Live Claims Feed. The report will be generated and available to you in the message center.

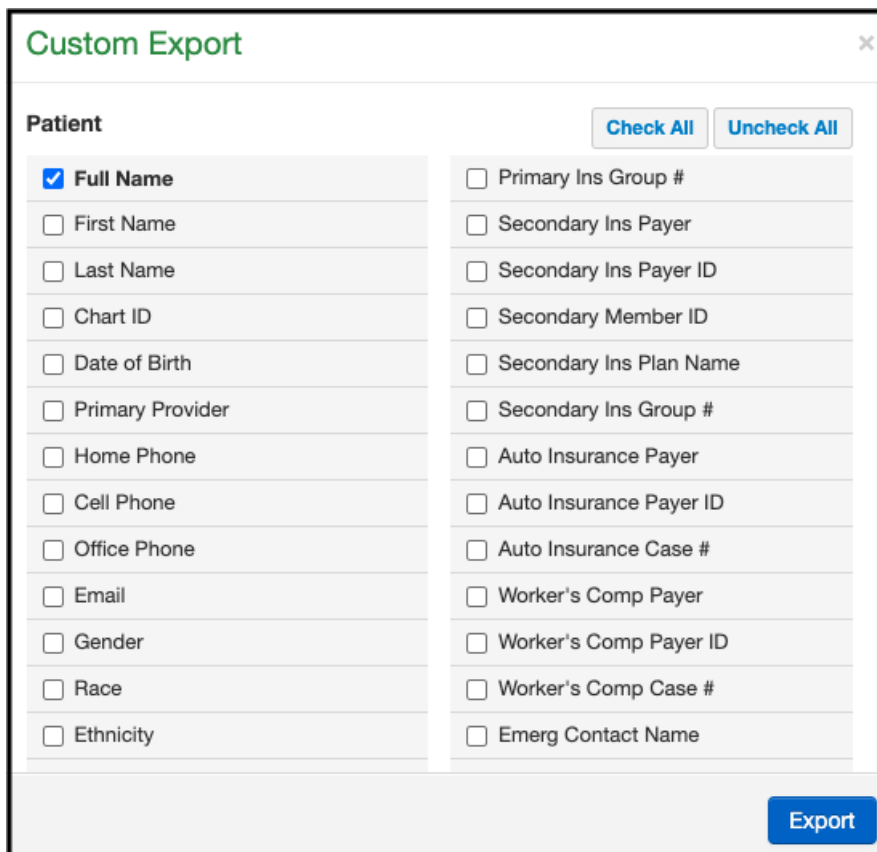
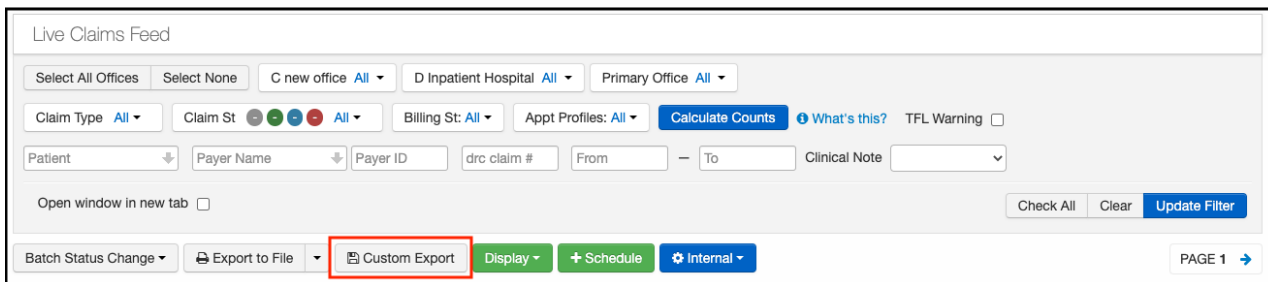
This screenshot is similar to the previous one, but the 'Export to File' button in the bottom toolbar is highlighted with a red box. The search filters are updated, showing a date range '08/05/2022' in the 'drc claim #' field.

**15. Bulk Print HCFA and Superbill:** Click on the small arrow drop-down next to the “Export to file” button and select from the drop-down. You can filter the claims by patient or date range or insurance.

**NOTE:** You can print up to 50 HCFAs/Superbills at a time.

This screenshot shows the 'Export to File' dropdown menu open. The options are 'Print HCFA', 'Print HCFA (text)', and 'Print Superbill'. The background table is partially visible, showing columns for 'Info', 'Claim ID', 'Patient', 'Provider', 'Supervising Provider', 'Billing Provider', 'Billed', 'Allowed', 'Adjmt', 'Ins 1 Paid', 'Ins 2 Paid', 'Pt Paid', 'Ins Bal', 'Pt Line Item Bal', 'Claim Bal', 'Exp Reimbr', 'Ins 1', and 'Ins 1 Status'. The 'Totals' row shows values for each of these columns.

**16. Custom Export:** This feature will allow you to select fields to generate a report. Once you have selected the fields you would like to see, click on Export. The report will be generated and available to you in the message center.



**17. Display:** Select only the required fields/columns that you want to display in the live claims feed screen.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From | To | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule | Internal

PAGE 1

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1 Status
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Show All</li> <li><input checked="" type="checkbox"/> Info</li> <li><input checked="" type="checkbox"/> Claim ID</li> <li><input checked="" type="checkbox"/> Provider</li> <li><input checked="" type="checkbox"/> Supervising Provider</li> <li><input checked="" type="checkbox"/> Billing Provider</li> <li><input checked="" type="checkbox"/> Billed</li> <li><input checked="" type="checkbox"/> Allowed</li> <li><input checked="" type="checkbox"/> Adjustment</li> <li><input checked="" type="checkbox"/> Primary Insurer Paid</li> <li><input checked="" type="checkbox"/> Secondary Insurer Paid</li> <li><input checked="" type="checkbox"/> Patient Paid</li> <li><input checked="" type="checkbox"/> Insurer Balance</li> <li><input checked="" type="checkbox"/> Patient Balance</li> <li><input checked="" type="checkbox"/> Claim Balance</li> <li><input checked="" type="checkbox"/> Expected Reimbursement</li> <li><input checked="" type="checkbox"/> Primary Insurer</li> <li><input checked="" type="checkbox"/> Primary Insurance Status</li> <li><input checked="" type="checkbox"/> Secondary Insurer</li> <li><input checked="" type="checkbox"/> Secondary Insurance Status</li> <li><input checked="" type="checkbox"/> First EDI Date</li> <li><input checked="" type="checkbox"/> Last EDI Date</li> <li><input checked="" type="checkbox"/> Service Notes</li> <li><input checked="" type="checkbox"/> Billing Notes</li> </ul>															

**18. Schedule:** Schedule an appointment directly from this screen for your existing patients.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From | To | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule | Internal

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### Schedule Service ✕

Patient

Office

Examroom

Scheduled Time

19. You can also sort claims by “Date of service, Billed, Insurance, etc.” by clicking on the blue highlighted column headers. The system will reorder claims based on which field you selected.

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status
------	----------	---------	-----------------	--------	----------	----------------------	------------------	--------	---------	-------	------------	------------	---------	---------	------------------	-----------	------------	-------	--------------

20. Patient name: Click on the patient name to go to the demographics screen.

Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient  Payer Name  Payer ID  drc claim #  From  To  Clinical Note

Open window in new tab

Batch Status Change      PAGE 1

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status
								Totals: \$238,591.76 \$149,891.52 \$88,700.24 \$112,463.10 \$0.00 \$18.16 \$20,659.52 \$16,750.74 \$37,410.26 \$0.00											
<input type="checkbox"/>	220490410	<a href="#">Donald (Demo) Reed</a>	8/05/2022 04:45PM	Primary Office				\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	\$88.60	\$0.00	FL BCBS	<a href="#">Bill Insurance</a>

21. Date of service: To edit or work on your claims, click on the “Date of service” which will take you directly to the billing details screen.



Live Claims Feed

Select All Offices | Select None | C new office All | D Inpatient Hospital All | Primary Office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From | To | Clinical Note

Open window in new tab

Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | + Schedule | Internal

PAGE 1

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal	Claim Bal	Exp Reimbr	Ins 1	Ins 1 Status	
Totals:								\$238,591.76	\$149,891.52	\$88,700.24	\$112,463.10	\$0.00	\$18.16	\$20,659.52	\$16,750.74	\$37,410.26	\$0.00			
<input type="checkbox"/>	S 220490410	Donald (Demo) Reed	8/05/2022 04:45PM	Primary Office				\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	\$88.60	\$0.00	FL BCBS	Bill Insurance	

22. Billing Details Screen: On the top left-hand side, select the status from the “Billing Status” drop-down.

- **Example:** To bill out your claims, select “Bill Insurance, Bill Secondary Insurance, Auto Accident Claim, Worker’s Comp Claim, Durable Medical Equipment Claim” depending on the payer who needs to receive the claim.

dr chrono

Schedule | Clinical | Patients | Reports | Billing | Account | Marketplace | Help

View Service | + EOB | SuperBill | Clinical Note | Clone | HCFA/1500 | HCFA/1500 (text) | Print Screen

Institutional Claim  No

**Billing Status** Bill Insurance

ICD Version ICD-10

Primary Insurer - Default -

Secondary Insurer - Default -

Billing Provider: - If different to provider -

Supervising Provider: - If different to provider -

Pt Payment \$ 0

Payment Profile Insurance

Pt Payment Due

Billing Profile Select Profile

Billing Pick List Choose from Pick List

Diagnosis Pick List Choose from Pt Problems

Payer pre-auth #

Do Not Transmit  Do not transmit authorization number to payer

Referral #

Billing Facility

Purchased Serv Provider

Appointment Notes This is a demo appointment

Follow-up Date

Billing Notes

Claim Type Default

Emergency Service No

Delay Reason - Not Used -

Acute Manifestation Date

Onset Date 431: Onse (HCFA box 14)

Other Date - Other Da (HCFA box 15 & 19)

Is patient's condition related to

Employment No

Auto Accident No

Other Accident No

EDI Billing Note (HCFA/CMS-1500 Line 19)

Providers

- Paid In Full
- Balance Due
- Settled
- Internal Review
- ✓ Bill Insurance
- Bill Secondary Insurance
- Worker's Comp Claim
- Auto Accident Claim
- Durable Medical Equipment Claim
- Institutional Service
- Coding Clarification
- Ready to Bill
- Ready to Code
- Enrollment Pending
- Faxed/Mailed Appeal
- Payer Contact
- Patient Contact

**23. Pt Payment (copay):** Update or post the patient payment directly from this screen. The payment will reflect automatically in the patient payments screen.

	<a href="#">View Service</a>	<a href="#">+ EOB</a>
<b>Institutional Claim</b>	<input type="radio"/> No	
<b>Billing Status</b>	Bill Insurance ▾	
<b>ICD Version</b>	ICD-10 ▾	
<b>Primary Insurer</b>	- Default - ▾	
<b>Secondary Insurer</b>	- Default - ▾	
<b>Billing Provider:</b>	- If different to provider - ▾	
<b>Supervising Provider:</b>	- If different to provider - ▾	
<b>Pt Payment</b>	\$ 0	<a href="#">+</a>
<b>Payment Profile</b>	Insurance ▾	
<b>Pt Payment Due</b>	<input type="text"/>	
<b>Billing Profile</b>	Select Profile ▾	<a href="#">+</a>
<b>Billing Pick List</b>	<a href="#">Choose from Pick List</a>	
<b>Diagnosis Pick List</b>	<a href="#">Choose from Pt Problems</a>	
<b>Payer pre-auth #</b>	<input type="text"/>	
<b>Do Not Transmit</b>	<input type="checkbox"/> Do not transmit authorization number to payer	
<b>Referral #</b>	<input type="text"/>	
<b>Billing Facility</b>	<input type="text"/>	<a href="#">✎</a>
<b>Purchased Serv Provider</b>	<input type="text"/>	<a href="#">✎</a>
<b>Appointment Notes</b>	<input type="text" value="This is a demo appointment"/>	
<b>Follow-up Date</b>	<input type="text"/>	
<b>Billing Notes</b>	<input type="text"/>	<a href="#">+</a>

**24. Payment Profile:** Select the right profile name to reflect the claim balance correctly. Options include Cash, Insurance, Insurance Out of Network, Auto Accident, and Workers' Comp. Selecting the correct payment profile will ensure that the claim is submitted to the correct payer.

	<a href="#">View Service</a>	<a href="#">+ EOB</a>
<b>Institutional Claim</b> <input type="radio"/> No		
<b>Billing Status</b>	Bill Insurance ▾	
<b>ICD Version</b>	ICD-10 ▾	
<b>Primary Insurer</b>	- Default - ▾	
<b>Secondary Insurer</b>	- Default - ▾	
<b>Billing Provider:</b>	- If different to provider - ▾	
<b>Supervising Provider:</b>	- If different to provider - ▾	
<b>Pt Payment</b>	\$ 0	<a href="#">+</a>
<b>Payment Profile</b>	Insurance ▾	
<b>Pt Payment Due</b>	<input type="text"/>	
<b>Billing Profile</b>	Select Profile ▾	<a href="#">+</a>
<b>Billing Pick List</b>	<a href="#">Choose from Pick List</a>	
<b>Diagnosis Pick List</b>	<a href="#">Choose from Pt Problems</a>	
<b>Payer pre-auth #</b>	<input type="text"/>	
<b>Do Not Transmit</b>	<input type="checkbox"/> Do not transmit authorization number to payer	
<b>Referral #</b>	<input type="text"/>	
<b>Billing Facility</b>	<input type="text"/> <a href="#">✎</a>	
<b>Purchased Serv Provider</b>	<input type="text"/> <a href="#">✎</a>	
<b>Appointment Notes</b>	<input type="text" value="This is a demo appointment"/>	
<b>Follow-up Date</b>	<input type="text"/>	
<b>Billing Notes</b>	<input type="text"/> <a href="#">+</a>	

- Cash
- ✓ Insurance
- Insurance Out of Network
- Auto Accident
- Workers' Comp

25. **Billing Pick List:** Choose the codes from your pick list instead of typing in the codes manually.

	<a href="#">View Service</a>	<a href="#">+ EOB</a>
<b>Institutional Claim</b>	<input type="radio"/> No	
<b>Billing Status</b>	Bill Insurance ▾	
<b>ICD Version</b>	ICD-10 ▾	
<b>Primary Insurer</b>	- Default - ▾	
<b>Secondary Insurer</b>	- Default - ▾	
<b>Billing Provider:</b>	- If different to provider - ▾	
<b>Supervising Provider:</b>	- If different to provider - ▾	
<b>Pt Payment</b>	\$ 0	<a href="#">+</a>
<b>Payment Profile</b>	Insurance ▾	
<b>Pt Payment Due</b>	<input type="text"/>	
<b>Billing Profile</b>	Select Profile ▾	<a href="#">+</a>
<b>Billing Pick List</b>	<a href="#">Choose from Pick List</a>	
<b>Diagnosis Pick List</b>	<a href="#">Choose from Pt Problems</a>	
<b>Payer pre-auth #</b>	<input type="text"/>	
<b>Do Not Transmit</b>	<input type="checkbox"/> Do not transmit authorization number to payer	
<b>Referral #</b>	<input type="text"/>	
<b>Billing Facility</b>	<input type="text"/> <a href="#">✎</a>	
<b>Purchased Serv Provider</b>	<input type="text"/> <a href="#">✎</a>	
<b>Appointment Notes</b>	<input type="text" value="This is a demo appointment"/>	
<b>Follow-up Date</b>	<input type="text"/>	
<b>Billing Notes</b>	<input type="text"/> <a href="#">+</a>	

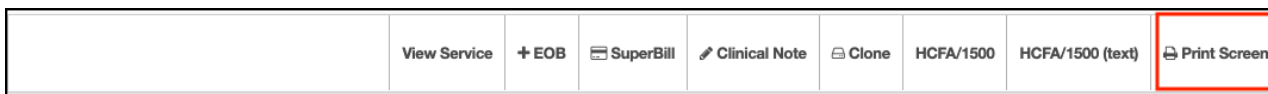
26. **+EOB:** Add/upload the insurance EOB directly from this screen by clicking on the “+EOB” button.

	<a href="#">View Service</a>	<a href="#">+ EOB</a>	<a href="#">SuperBill</a>	<a href="#">Clinical Note</a>	<a href="#">Clone</a>	<a href="#">HCFA/1500</a>	<a href="#">HCFA/1500 (text)</a>	<a href="#">Print Screen</a>
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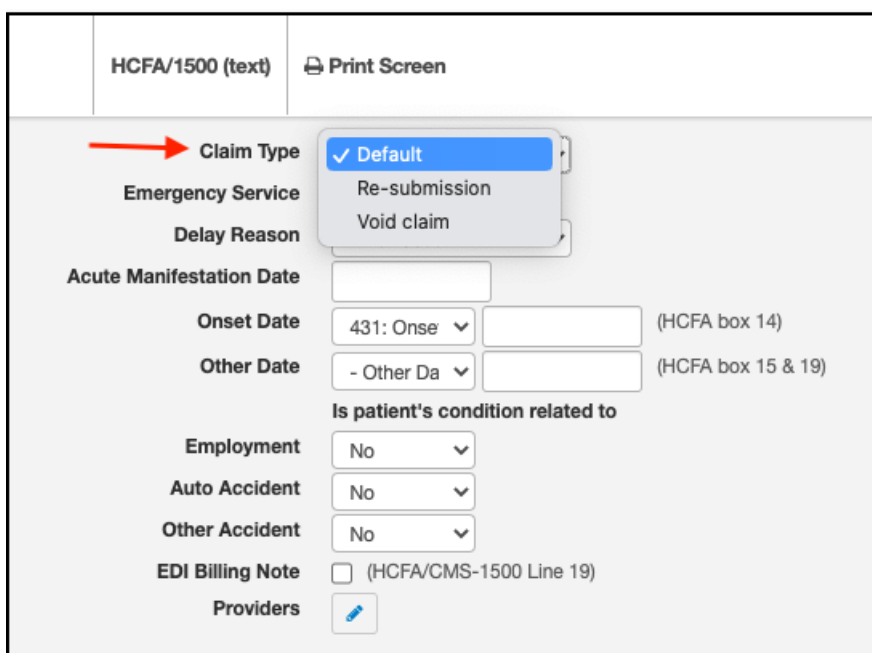
27. **Superbill, HCFA/1500, and HCFA/1500 (text):** Click on Superbill to print the patient a detailed receipt including CPT, HCPCS, and ICD-10 codes. HCFA/1500 will print an HCFA form on plain white paper, while the (text) version will allow printing on preprinted HCFA paper.

	<a href="#">View Service</a>	<a href="#">+ EOB</a>	<a href="#">SuperBill</a>	<a href="#">Clinical Note</a>	<a href="#">Clone</a>	<a href="#">HCFA/1500</a>	<a href="#">HCFA/1500 (text)</a>	<a href="#">Print Screen</a>
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28. **Print screen:** Click on "Print Screen" to print the entire screen which can be used as proof of timely filing.



29. **Claim Type:** On the top right-hand side, select the claim type as "Re-submission" or "Void claim" to submit a corrected claim or void claim. There is a box to enter the "ID of original claim" to assist the payer in reprocessing/voiding the original claim.



	HCFA/1500 (text)	Print Screen
<b>Claim Type</b>	<input checked="" type="checkbox"/> Default	
<b>Emergency Service</b>	<input type="checkbox"/> Re-submission	
<b>Delay Reason</b>	<input type="checkbox"/> Void claim	
<b>Acute Manifestation Date</b>	<input type="text"/>	
<b>Onset Date</b>	431: Onse <input type="text"/>	(HCFA box 14)
<b>Other Date</b>	- Other Da <input type="text"/>	(HCFA box 15 & 19)
<b>Is patient's condition related to</b>		
<b>Employment</b>	<input type="text" value="No"/>	
<b>Auto Accident</b>	<input type="text" value="No"/>	
<b>Other Accident</b>	<input type="text" value="No"/>	
<b>EDI Billing Note</b>	<input type="checkbox"/> (HCFA/CMS-1500 Line 19)	
<b>Providers</b>	<input type="text"/>	

30. **EDI Billing note:** Check off this box to add a note on the claim. Any information entered here will appear in Box 19 on the HCFA 1500 form.

**Claim Type**    
**Emergency Service**    
**Delay Reason**    
**Acute Manifestation Date**    
**Onset Date**   (HCFA box 14)   
**Other Date**   (HCFA box 15 & 19)   
**Is patient's condition related to**   
**Employment**    
**Auto Accident**    
**Other Accident**    
**EDI Billing Note**  (HCFA/CMS-1500 Line 19)   
**Providers**

31. ICD-10 codes can be added in this section. You can enter the code or a description in the box marked with the red arrow. If you need to change the order of the codes, click on the 3 blue horizontal lines (notated by the blue box). This will allow you to drag and drop the codes in whatever order you need them.

**Line items transactions**

Patient does not have unallocated payment   
 Appt. does not have unallocated payment   
 Primary Insurer: (00690) FL BCBS

#	ICD-10	Description	
	<input type="text" value="Add ICD-10 code"/>		<input type="text" value="☰"/>
1	M15.0	Primary generalized (osteo)arthritis	<input type="text" value="✖"/>
2	M16.9	Osteoarthritis of hip, unspecified	<input type="text" value="✖"/>

32. Add the CPT/HCPCS/CUSTOM by clicking on "+Add Line Item" at the bottom left.

Code/Check Date	Description	Mods/Posted Date	Service Date	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type
Totals:							\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	Bill Insurance
99213		Q6		1.00	1 2 0 0	\$88.60	\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	Bill Insurance

33. To post an insurance payment, click on the three lines or blue plus "+" icon towards the right corresponding to the code, select the appropriate reason codes, and hit on "Verify and Save" to save your changes.

Code/Check Date	Description	Mods/Posted Date	Service Date	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type
Totals:							\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	Bill Insurance
99213		Q6		1.00	1 2 0 0	\$88.60	\$88.60	\$88.60	\$0.00	\$0.00	\$0.00	\$0.00	\$88.60	\$0.00	Bill Insurance

34. Logs: All the changes made on this screen will be tracked under the "Logs" section.

## Logs

Datetime	User	Description
Aug 5, 2022 10:00:13 AM		primary_insurance_id_number changed from "" to "FAKEID7039"

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